

# Guidance for Pregnancy Medical Home Providers: Maternal-Infant Impactability Score to Prioritize Patients for Pregnancy Care Management

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### Summary

CCNC's Maternal-Infant Impactability Score (MIIS) will allow care managers to focus on those most likely to benefit from their services. Starting June 2017, women with an MIIS score  $\geq 200$  will be prioritized. MIIS scores are largely based on information from the Pregnancy Risk Screen, so timely risk screening is essential. Because face-to-face services are more effective, embedding care managers within the practice is more important than ever before.

### Key Points

- CCNC used several years of care management data to identify women for whom pregnancy care management has a measurable impact on their risk of low birth weight, resulting in the **Maternal-Infant Impactability Score**.
- Since the inception of the Pregnancy Medical Home (PMH) program in 2011, women with “priority” risk factors for preterm birth on the PMH Risk Screening form have been targeted to receive pregnancy care management.
- The “priority risk factor” approach prioritizes 70% of the pregnant Medicaid population. Given limited care management resources, this allows only an average of 3-4 care management interventions per patient during the pregnancy.
- The MIIS scoring approach prioritizes 25% of the population who are most likely to benefit from care management, allowing resources to be focused where they are most needed.
  - Data indicates that a woman with a higher MIIS score benefits from **at least 8-10 interventions** during pregnancy.
- The MIIS score ranges from 0-1,000, with higher scores indicating women who will benefit more from pregnancy care management.
  - The association between care management and risk of low birth weight is seen among women with an MIIS score of **200 or greater**.
- Most care management interventions need to be **face-to-face** to achieve impact on low birth weight risk.
- Care managers who are **embedded** in PMH practices provide more face-to-face interventions.
  - Face-to-face interventions can occur in the community, at the patient's home, or at the hospital during an admission, but the most frequent setting is the prenatal care practice.
- Pregnancy care managers are expected to have a **regular, scheduled presence at PMH practices**.
  - Degree of embedding will vary by location based on patient volume and impactability.
  - A PMH with high patient volume and with higher proportion of impactable patients may require multiple embedded pregnancy care managers.

- All PMHs, including those with low volume, should have a regular care management presence.
- **Timely risk screening** is extremely important, as these data are used to calculate the MIIS score.
  - If the care manager is on site, be sure she can review the Risk Screening Form before she meets the patient, so she can calculate the patient's MIIS score.
  - Refer to the "PMH Best Practices in Risk Screening" one-page guidance document.
- PMH providers can make a **direct referral** at any time if they believe their patient is in need of care management support.
  - Work with your care manager to determine the best method to make a direct referral.